



Therapeutic Recreation Association FOR GREATER MILWAUKEE AREA

"Equal Recreational Opportunities for Persons with Disabilities"

Leisure Access Scholarship Application

Date: _____

Name: _____

Address: _____

Phone: _____

Age: _____

Type of Disability: _____

Employment/School Status: _____

Recreation Interests: _____

Why are you applying for the scholarship and how will it benefit you? (Please specify participation in recreation program or equipment needs.)

Agency, program or catalog address to which the check will be written to:

Agency, program or catalog name to which the check will be sent to:

Enclose:

1. Completed application form.
2. Copy (photo copies are acceptable) of program brochure/equipment catalog detailing the total cost (tax, shipping and handling where appropriate) up to a maximum value of \$75.00.
3. A paragraph describing why you are applying for the scholarship and how it will benefit you.
4. Agency, program or catalog address and name to which the check will be written to.

Mail to:
TRA Awards Committee
5151 S. 6th St.
Milwaukee, WI 53221